

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

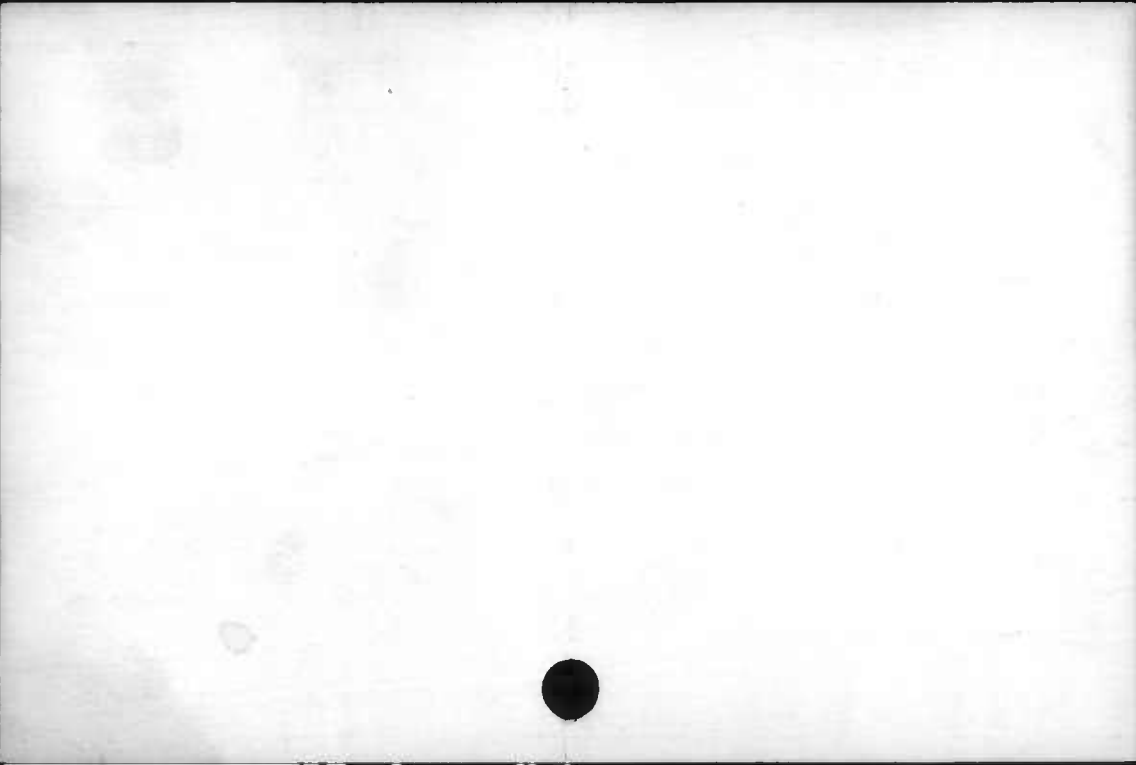
Died at		Town		County		MARYLAND	
1909		Month	Day	Years	Months	Days	
Date of death		Oct	15	49	3	11	
Sex		Color or Race		Birth-place			
male		White		Virginia			
Occupation				Where Residing if not at place of death			
Waterman							
Married, Single or Widowed		Name of Wife or Husband					
Married		Effie Jones					
Father's Name		Father's Birthplace					
Richard Burton		Virginia					
Mother's Maiden Name		Mother's Birthplace					
Eliza Dixon		Virginia					
Name of person giving Information		How related to deceased					
Effie Burton		Wife					

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary	Angina Pectoris	How long	Indefinite
Immediate	Over Exertion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. J. Schwab	
		Address	
		Deal Island	
		Md	
Accident or Suicide			



Name
in
Full

George E. Lehamnck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leisfield</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small> <u>10</u> <small>Day</small> <u>15</u> <small>Age</small> <u>54</u> <small>Years</small>			<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Somerset, Md</u>			
Occupation <u>Oyster & Crab Catcher</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Pruitt</u>				
Father's Name <u>William Lehamnck</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Harvey Lehamnck</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>G. J. Simonson</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

Primary Pneumonia 93 ☒ 2 weeks How long

Immediate —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

G. J. Simonson
Leisfield Md
Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mary A. O'Shane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crisfield ^{Town} Somerset ^{County} **MARYLAND**

Date of death 190 7 ^{Month} Oct ^{Day} 26 Age 85 ^{Years} 2 ^{Months} 22 ^{Days}

Sex Female Color or Race white Birth-place Malta

Occupation None Where Residing if not at place of death —

Married, Single or Widowed widow Name of Wife or Husband James L. O'Shane

Father's Name Wm A. Andrews Father's Birthplace London Eng

Mother's Maiden Name Elizabeth Fleet Mother's Birthplace London Eng

Name of person giving Information Mrs. Trawley How related to deceased daughter

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

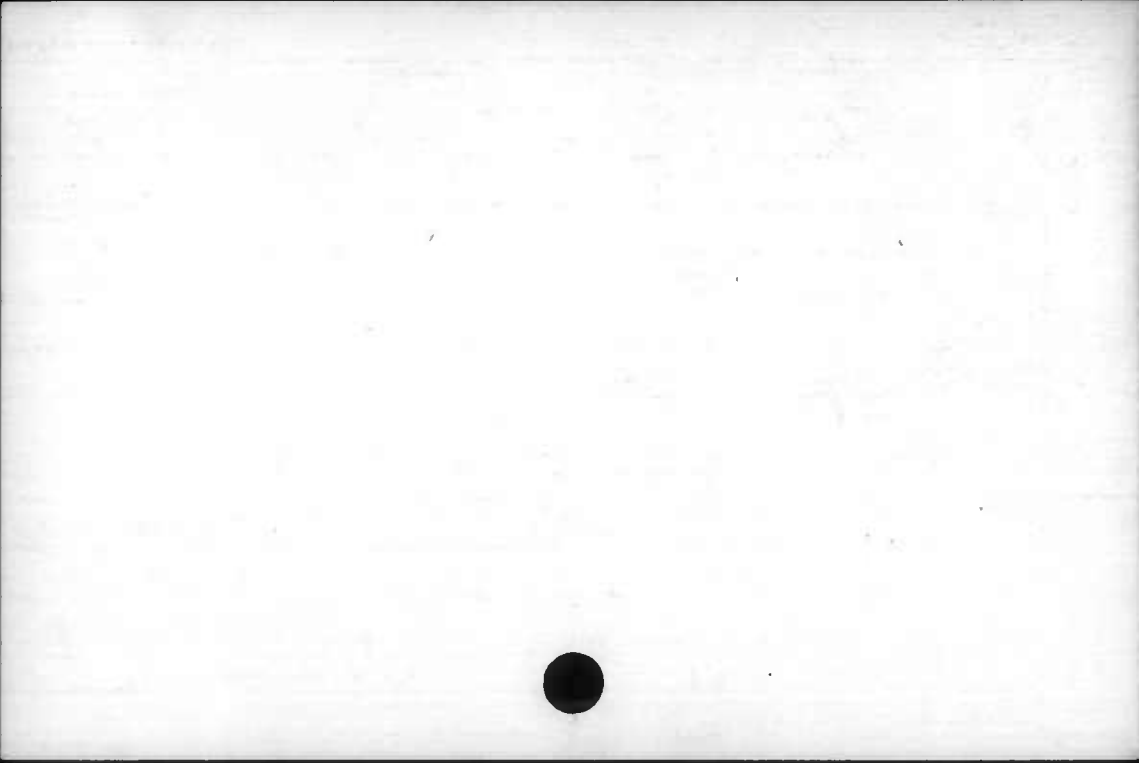
Primary softening of brain Heart failure ye 5 years

Immediate ye 5 years

Are the name, age, sex, color, date and place correctly given above? ye

Signature of Physician W. J. Hall Address Crisfield

Accident or Suicide no



Name
in
Full

CERTIFICATE OF DEATH

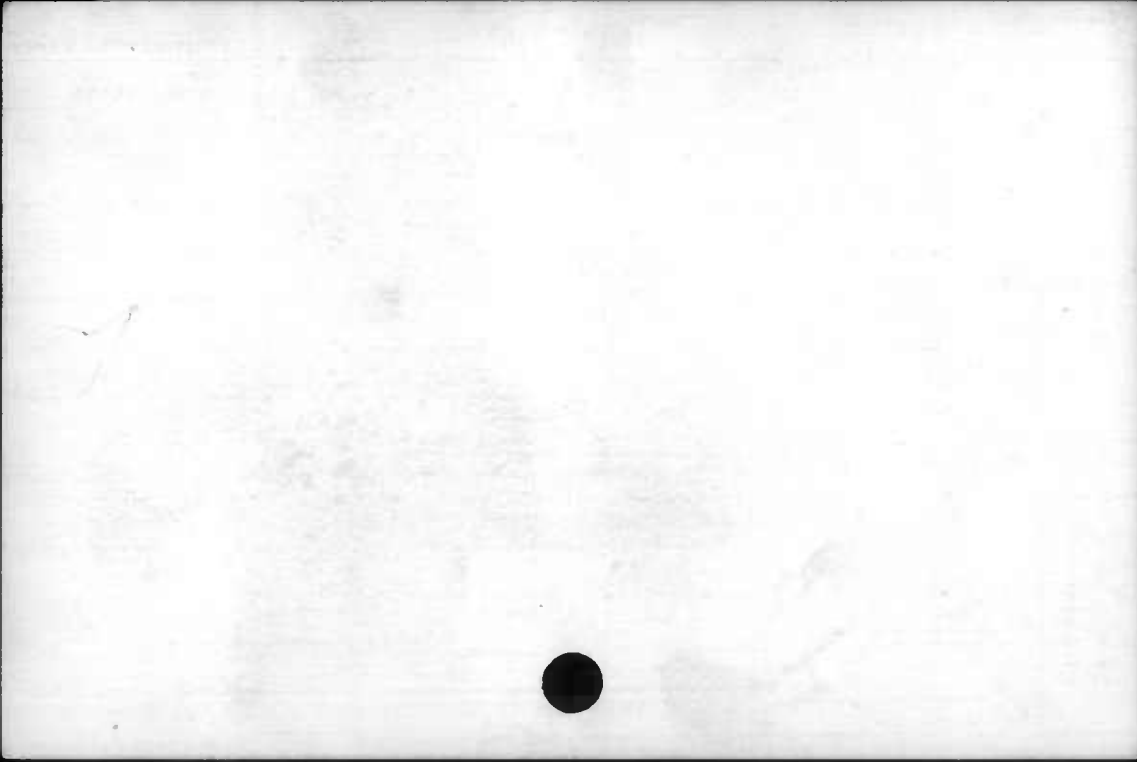
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Tolla Dashiels</i>		Town <i>Deal Island</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Died at		Month <i>10</i>		Day <i>6</i>		Years <i>19</i>	
Date of death <i>1909</i>		Months <i>15</i>		Days <i>15</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth place <i>Deal Island</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death <i>At Place of death</i>					
Married Single <i>years</i>		Name of Wife or Husband <i>unmarried</i>					
Father's Name <i>Marcillions Dashiels</i>		Father's Birthplace <i>Memona Md.</i>					
Mother's Maiden Name <i>Autie Wallace</i>		Mother's Birthplace <i>Deal Island Md.</i>					
Name of person giving Information <i>Marcillions Dashiels</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Intestinal haemorrhage</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. F. Alexander</i>	
<i>I think so</i>		Address <i>Somerset Co.</i>	
Accident or Suicide <i>Heurshage</i>			

PHYSICIAN
OR CORONER



Name
in
Full

No Name Infant Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

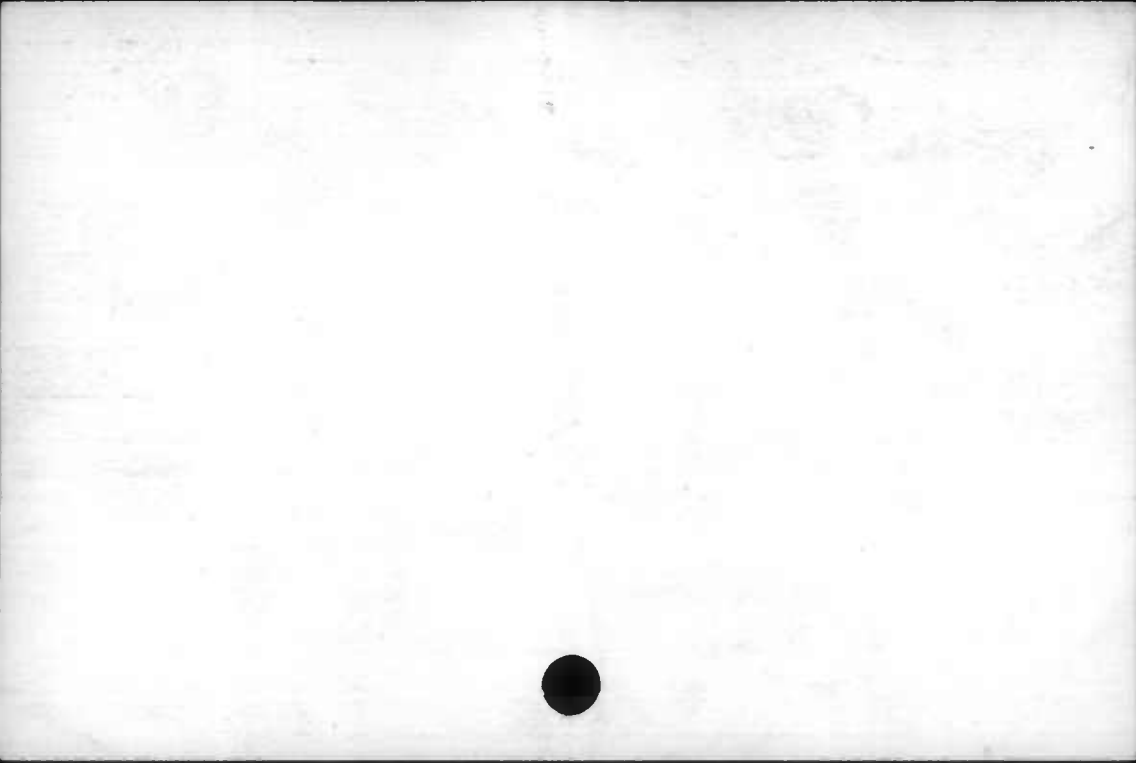
Died at <i>Deal Island</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Oct</i>	Day <i>4</i>	Age <i>—</i>	Months <i>—</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Somerset Co. Maryland</i>			
Occupation <i>— none</i>	Where Residing if not at place of death <i>Deal's Island Md</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband				
Father's Name <i>Peter Dennis</i>	Father's Birthplace <i>Worcester Co. Maryland</i>				
Mother's Maiden Name <i>Fanny Horsey</i>	Mother's Birthplace <i>Southern Co. Maryland</i>				
Name of person giving Information <i>Peter Dennis</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>11 days</i>
Immediate <i>Anemia</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo B. Horner</i>
	Address <i>Sub Registrar Deal's Island Md.</i>
Accident or Suicide <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Elsie Fields

Town

County

MARYLAND

Died at

Hammock Quarter

Somerset

Date

Month

Day

Years

Months

Days

of death 190

4

Oct

22

Age

Years

5

19

Sex

female

Color or
Race

White

Birth-
place

Somerset

Married, Single
or Widowed

Married

Occupation

Cystician

Name of Wife or
Husband

William Fields

Father's
Name

William Fields

Father's
Birthplace

Somerset

Mother's
Maiden Name

Emily Jones

Mother's
Birthplace

Somerset Co Md

Name of person giving
In formation

William Fields

How related
to deceased

father

CAUSES OF DEATH

177

Primary

dyspepsia

How long

3 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W J Kelly

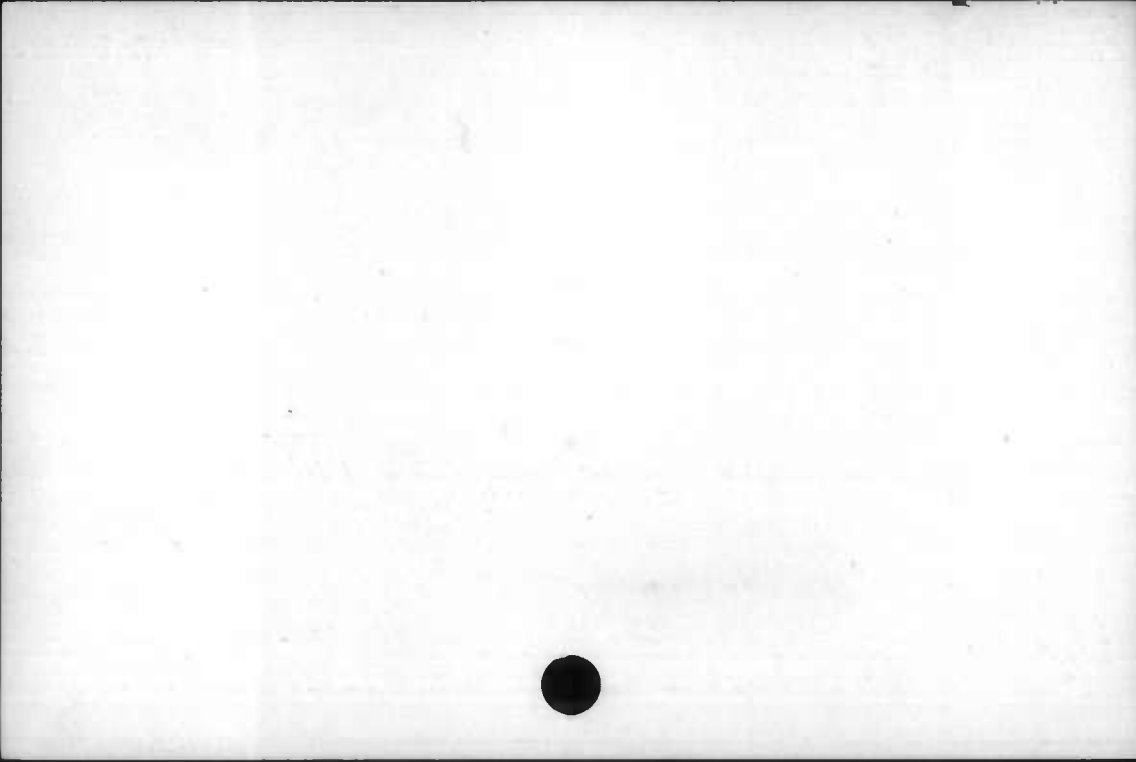
Address

Hammock Quarter

Accident or Suicide?

Somerset

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

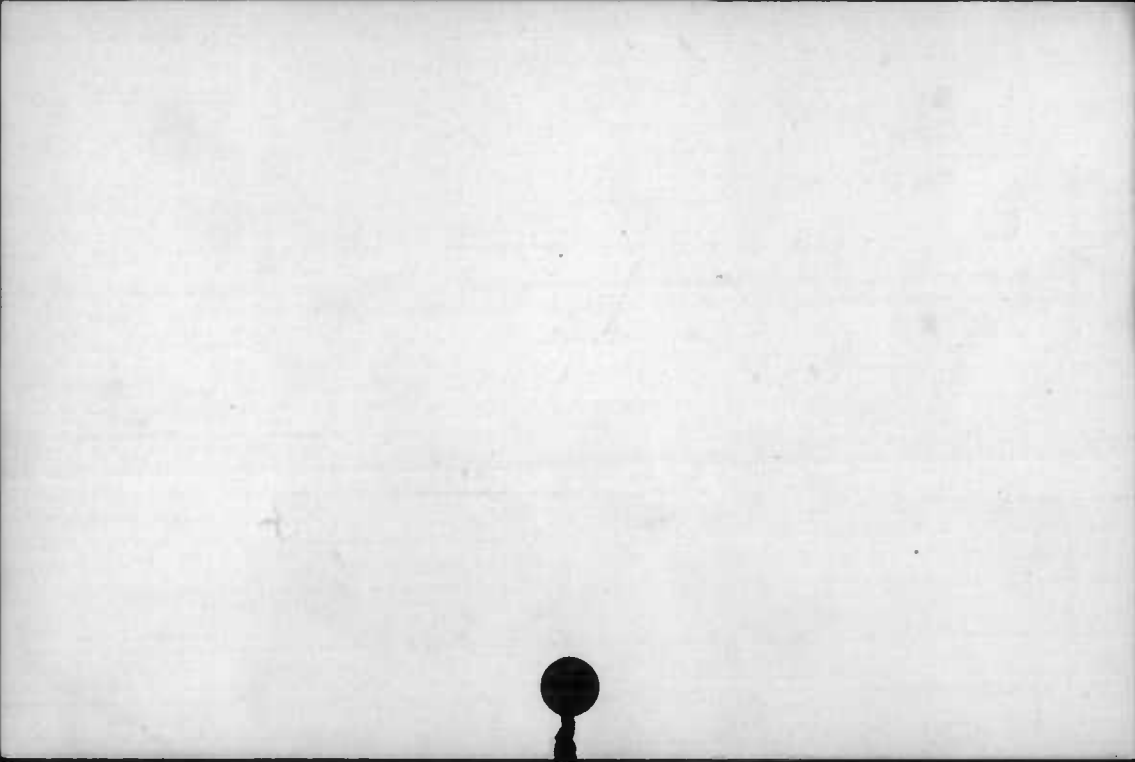
CAUSES OF DEATH

66

✓

PHYSICIAN
OR CORONER

Primary	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
Immediate	yes	Address	5-year
Accident or Suicide?	no		



Name
in
Full

Frank J. Horner
Died at ^{Town} Mt Vernon ^{County} Somerset

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 ^{Month} Oct ^{Day} 9 ^{Age} 66 ^{Years} ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Somerset Co

Occupation Natorman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Emily Horner

Father's Name Benjamin Horner Father's Birthplace Somerset Co

Mother's Maiden Name Margaret (Unknown) Mother's Birthplace Somerset Co

Name of person giving Information F. H. Horner How related to deceased Nephew

CAUSES OF DEATH

Primary Chronic Intermittent Nephritis How long Several years

Immediate Uremia How long 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

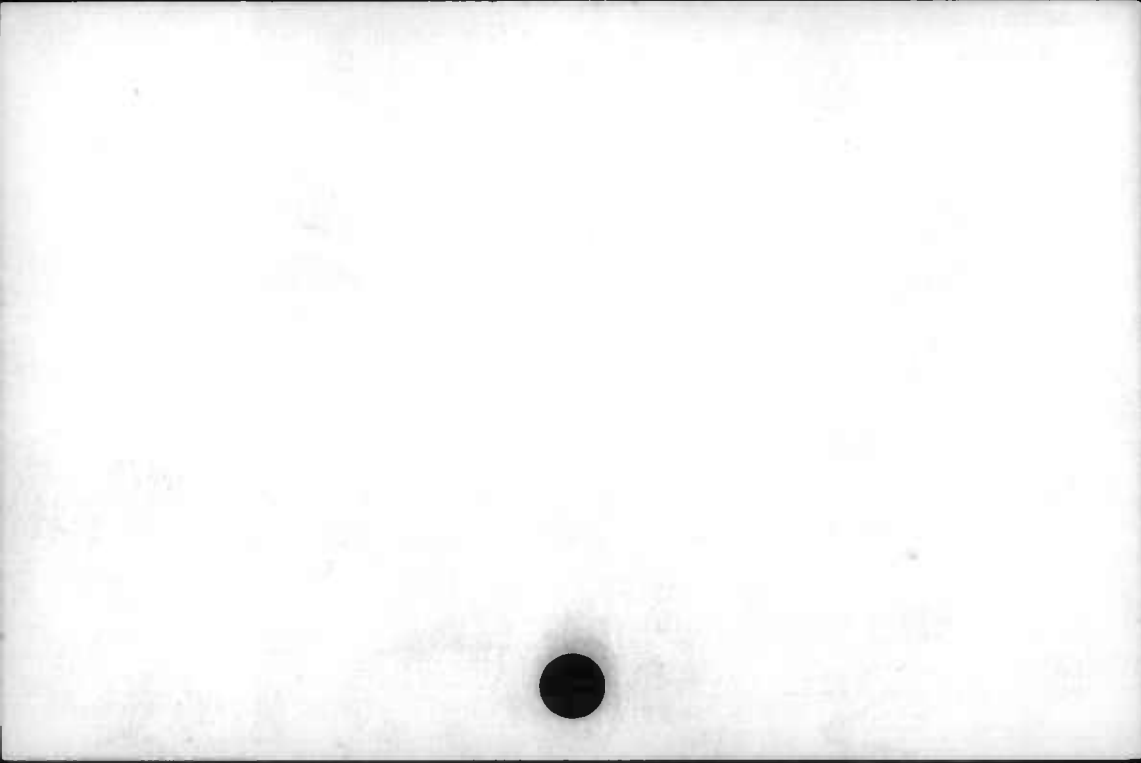
J. A. P. Baker, M.D.
Pringoes, Wm. Md.
A. T. D. No. 2.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

120



Name
in
Full

CERTIFICATE OF DEATH

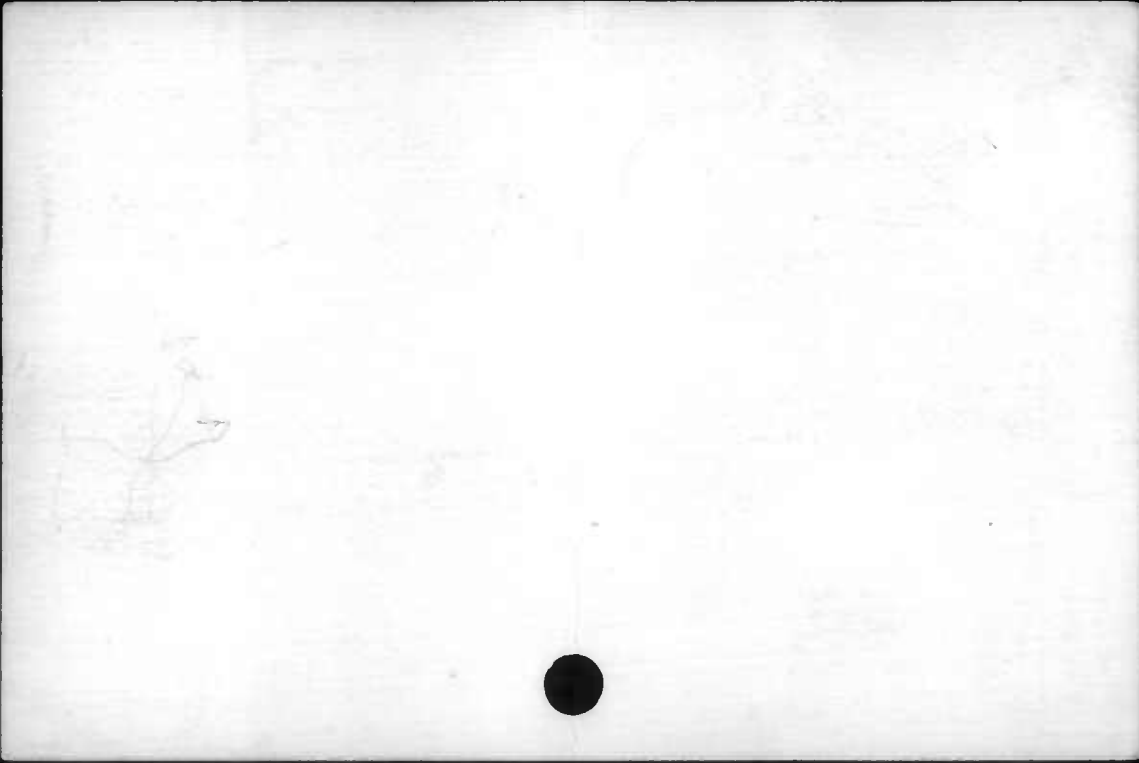
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jennie W. Horseman</i>		Town <i>Winona</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Winona</i>		Month <i>10</i>		Day <i>18</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>10</i>		Day <i>18</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Winona</i>		<i>nd</i>	
Occupation <i>Teacher</i>				Where Residing if not at place of death <i>Winona</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Winona</i>					
Father's Name <i>Samuel T. Horseman</i>		Father's Birthplace <i>Winona</i>					
Mother's Maiden Name <i>Jennie W. Thomas</i>		Mother's Birthplace <i>Seals Island</i>					
Name of person giving Information <i>Samuel T. Horseman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>	How long <i>Since birth</i>
Immediate	<i>Asphyxia</i>	How long <i>Since birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. G. Alexander</i>
		Address <i>Somerset Co</i>
Accident or Suicide <i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mary King
Mt Vernon

County

Somerset

MARYLAND

Date
of death

1909 Oct

Day

27

Age

Years

70

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Fincornio Co

Occupation

Housework

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Daniel King

Father's
Name

James N Robertson

Father's
Birthplace

Fincornio Co

Mother's
Maiden Name

Charlotte Myers

Mother's
Birthplace

Fincornio Co

Name of person giving
Information

George King

How related
to deceased

Son

CAUSES OF DEATH

Primary

Apoplexy

How long

64

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

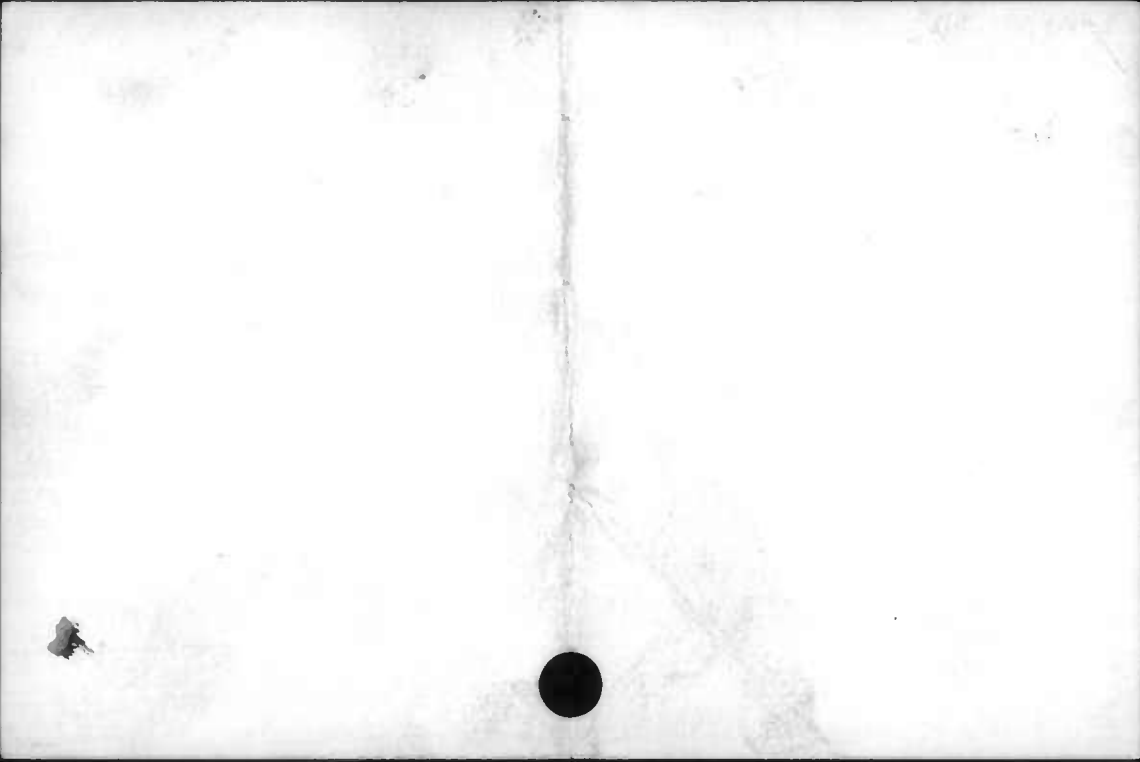
Signature of
Physician

Address

H.A. Barnes M.D.
Fincornio Co Md
P.O. No. 2.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Clarence C Lefavour

Town

County

MARYLAND

Died at Crisfield

Somerset

Date of death 1909 10 13

Day

Years

Months

Days

Age 17

Sex

Male

Color or
Race

White

Birth-
place

Crisfield Md

Occupation

Cyber shoemaker

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Robt Lefavour

Father's
Birthplace

France

Mother's
Maiden Name

Lumi Evans

Mother's
Birthplace

Crisfield Md

Name of person giving
Information

Robt Lefavour

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever
Toxemia

How long

14 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W F Hall
Crisfield

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

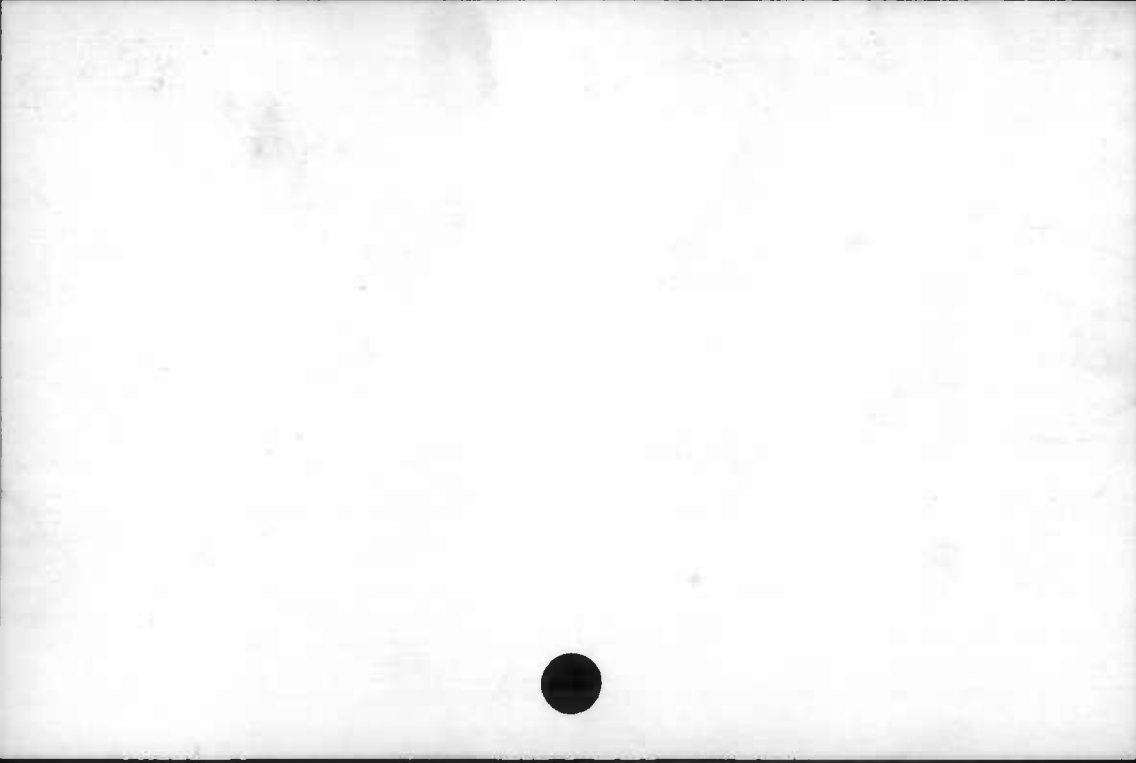
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		9	Oct	8	Age	75	
Sex	Male		Color or Race	Black		Birth-place	Somerset Co
Occupation	Oysterman			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth Waters			
Father's Name	David Maddox				Father's Birthplace	Somerset	
Mother's Maiden Name	Don't know				Mother's Birthplace	Don't know	
Name of person giving Information	Ira Maddox				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Parenchymatous Nephritis	How long	9 Months
Immediate	Parenchymatous Nephritis	How long	9 Months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. E. Dickinson	
Address		Upper Fairmount	
Accident or Suicide		Md	



Name
in
Full

Henrietta Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

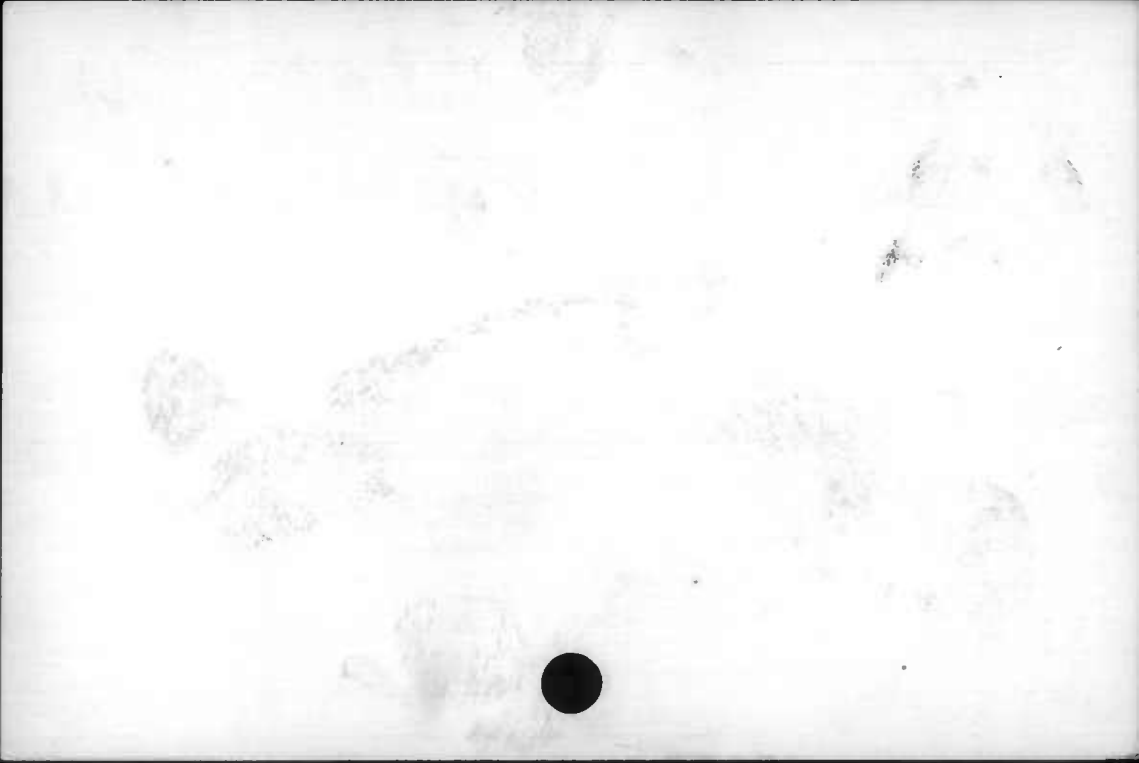
Died at <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death	Month <i>9</i>	Day <i>27</i>	Age <i>82</i>	Months <i>Unknown</i>	Days <i>Unknown</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Waterloo</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Princess Anne</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Hiram Miles</i>			
Father's Name <i>Not known</i>			Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Nancy Pollett</i>			Mother's Birthplace <i>Not known</i>		
Name of person giving Information <i>Zach Miles</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

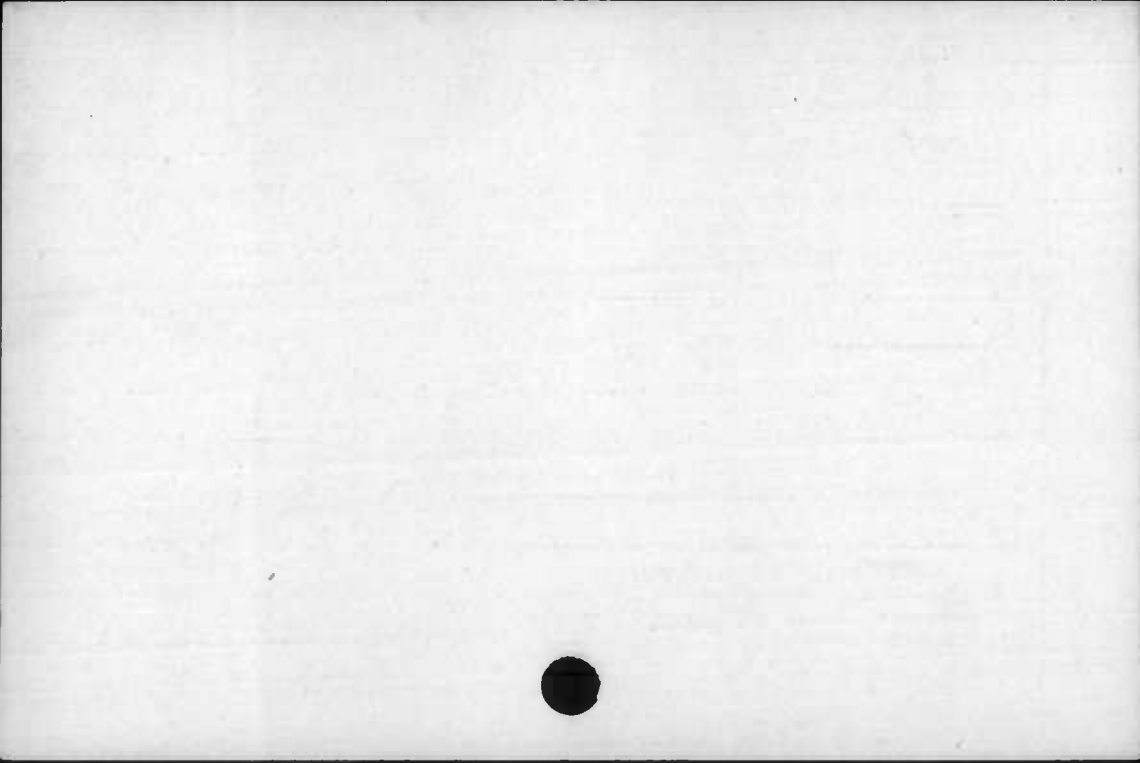
154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>1 year</i>
Immediate <i>Apoplexy</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Henry M. Lefford</i>
<i>Yes</i>	Address <i>Princess Anne Md</i>
Accident or Suicide <i>No</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Leosty</i>		County <i>Somerset</i>	
	Date of death	1909	Month <i>Oct</i>	Day <i>28</i>	Age <i>✓</i>
	Sex <i>Female</i>	Color or Race <i>white</i>		Months <i>✓</i>	Days <i>✓</i>
	Occupation <i>✓</i>	Where Residing if not at place of death <i>✓</i>			
	Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>✓</i>			
	Father's Name <i>Walter J. Miller</i>	Father's Birthplace <i>Pa</i>			
	Mother's Maiden Name <i>Mary R. Thomas</i>	Mother's Birthplace <i>Pa</i>			
Name of person giving In formation <i>Walter J. Miller</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Still Born</i>			How long <i>✓</i>
	Immediate	<i>Still Born</i>			How long <i>✓</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>			
		Address <i>Farmville City</i>			
Accident or Suicide?					



Name
in
Full

Audie Murrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stabroek Town Somerset County MARYLAND

Date of death 1909 Oct 8 8 1 1
Month Day Age Years Months Days

Sex Female Color or Race White Birth-place ind

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband John Wesley Murrell

Father's Name John Austin Father's Birthplace ind

Mother's Maiden Name Sallie Bedward Mother's Birthplace ind

Name of person giving information Louie Murrell How related to deceased Son

CAUSES OF DEATH

40

PHYSICIAN
OR CORONERPrimary Carcinoma LiverHow long 18 mosImmediate ischemiaHow long 2 wks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

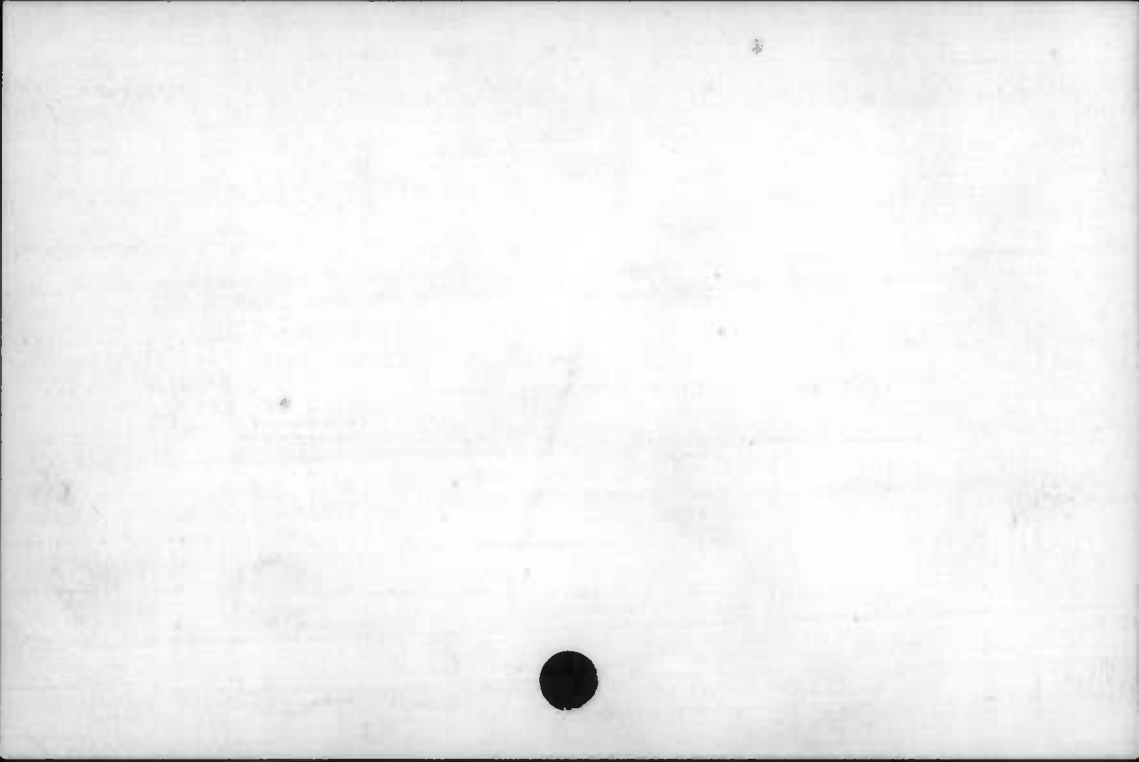
R. B. Hight M.D.

Address

Conant

Accident or Suicide?

No



Name
in
Full

Priscilla Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Lawsonia* Town *Somerset* County **MARYLAND**

Date of death 1909 *Oct* Month *13* Day Age *33* Years Months *0* Days *0*

Sex *Female* Color or Race *White* Birth-place *Lauronia*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Frederick Nelson*

Father's Name *Wm. Sterling* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Delana Sterling* Mother's Birthplace *Somerset Co Md*

Name of person giving Information *Fred Nelson* How related to deceased *Husband*

CAUSES OF DEATH

27

Primary *Tuberculosis* How long *2 years*

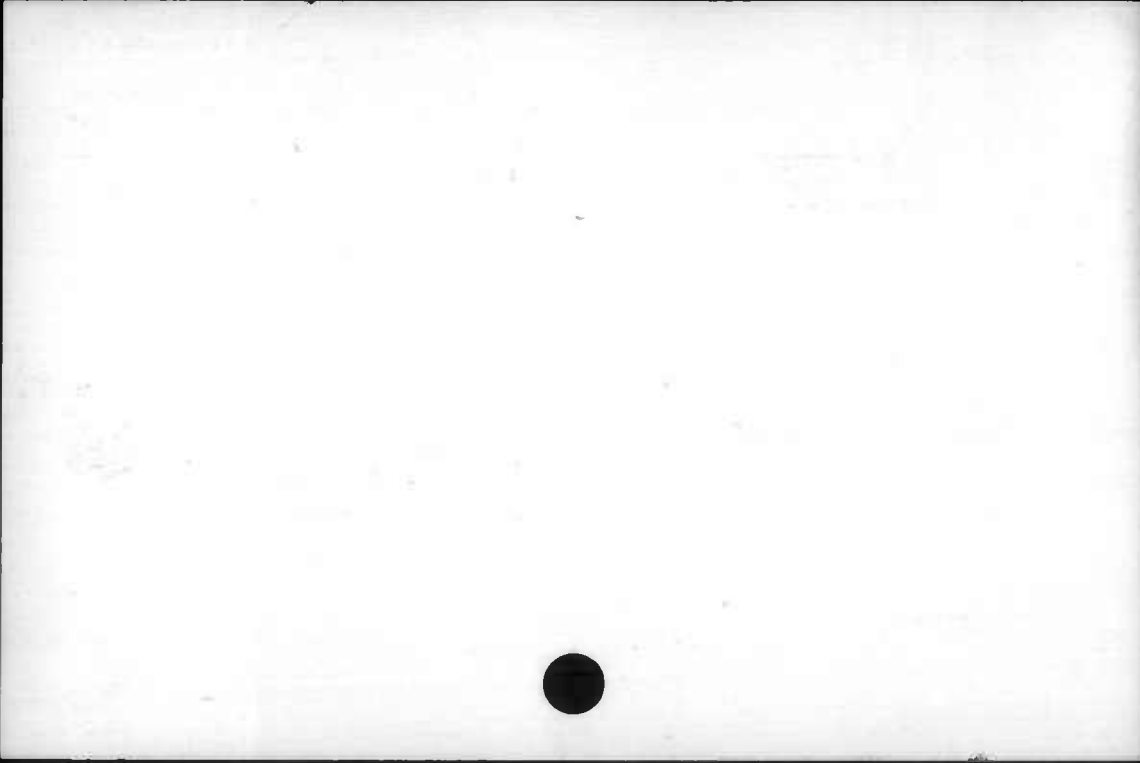
Immediate *Laryngitis* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. F. Somers* Address *Bellevue, Md.*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John P. Scarber</i>		Town <i>Crossfield</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Crossfield</i>		Month <i>Dec</i>		Day <i>6</i>		Years <i>18</i>	
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>6</i>		Age <i>18</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Somerset Co</i>		Months —	
Occupation <i>Labor</i>		Where Residing if not at place of death —		Days —		—	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>Edward Scarber</i>		Father's Birthplace <i>W. Va.</i>					
Mother's Maiden Name <i>Edith Brown</i>		Mother's Birthplace <i>East River</i>					
Name of person giving information <i>C. Sterling</i>		How related to deceased <i>Father-in-law</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>2 hours</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. B. Collins</i>
	Address <i>Crossfield</i>
Accident or Suicide	

Cherwood Williams

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

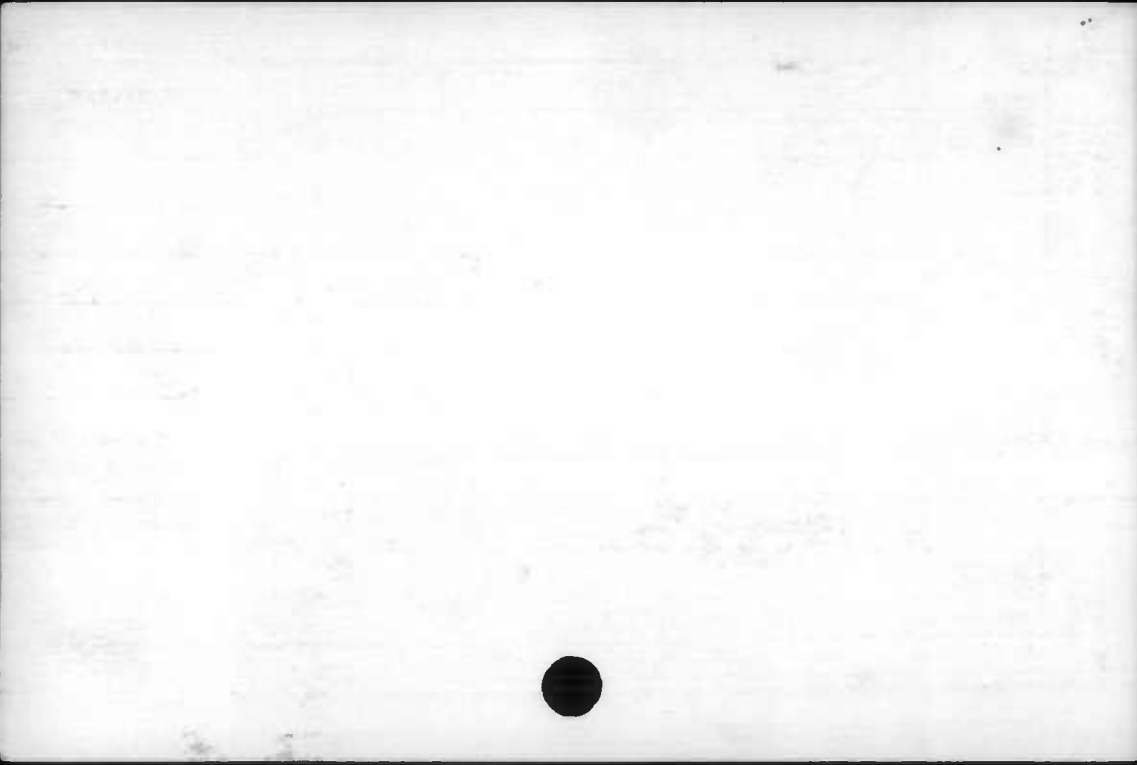
Elijah T. Sterling
 Died at *Lawsonia* Town *Somerset* County
 Date of death 1909 *Oct* Month *5th* Day *64* Years Age *64* Months Days
 Sex *Male* Color or Race *White* Birth-place *Lawsonia*
 Occupation *Oysterman* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Clara*
 Father's Name *John Sterling* Father's Birthplace *Somerset Co.*
 Mother's Maiden Name *Lorey Sterling* Mother's Birthplace *" "*
 Name of person giving Information *Edward Sterling* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Bright's Disease* How long *one year*
 Immediate *Scar throat* How long *6 mo.*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. A. Hall*
 Address *Amfield Md*
 Accident or Suicide *no*



Name
in
Full

Rosa A. Sterling

CERTIFICATE OF DEATH

Died at ^{Town} Near Crisfield ^{County} Somerset MARYLANDDate of death 1909 ^{Month} Oct ^{Day} 24 ^{Age} 14 ^{Years} 10 ^{Months} 10 ^{Days}Sex Female ^{Color or Race} Black ^{Birth-place} MdOccupation Housework ^{Where Residing if not at place of death} -^{Married, Single or Widowed} Single ^{Name of Wife or Husband} -^{Father's Name} W. F. Sterling ^{Father's Birthplace} Md^{Mother's Maiden Name} Alice Hall ^{Mother's Birthplace} Md^{Name of person giving Information} Alice Sterling ^{How related to deceased} Mother

CAUSES OF DEATH

^{Primary} Typhoid Fever ^{How long} 15 days -^{Immediate} Paratyphoid ^{How long} 2 days^{Are the name, age, sex, color, date and place correctly given above?} yes ^{Signature of Physician} H. F. Hall^{Address} Crisfield Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

Female Infant Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ashbury Town Somerset County MARYLAND

Date of death 1909 Oct Month 25 Day Age 8 Years Months Days

Sex Female Color or Race colored Birth-place Ashbury

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Wm. H. Sterling

CERTIFICATE OF DEATH

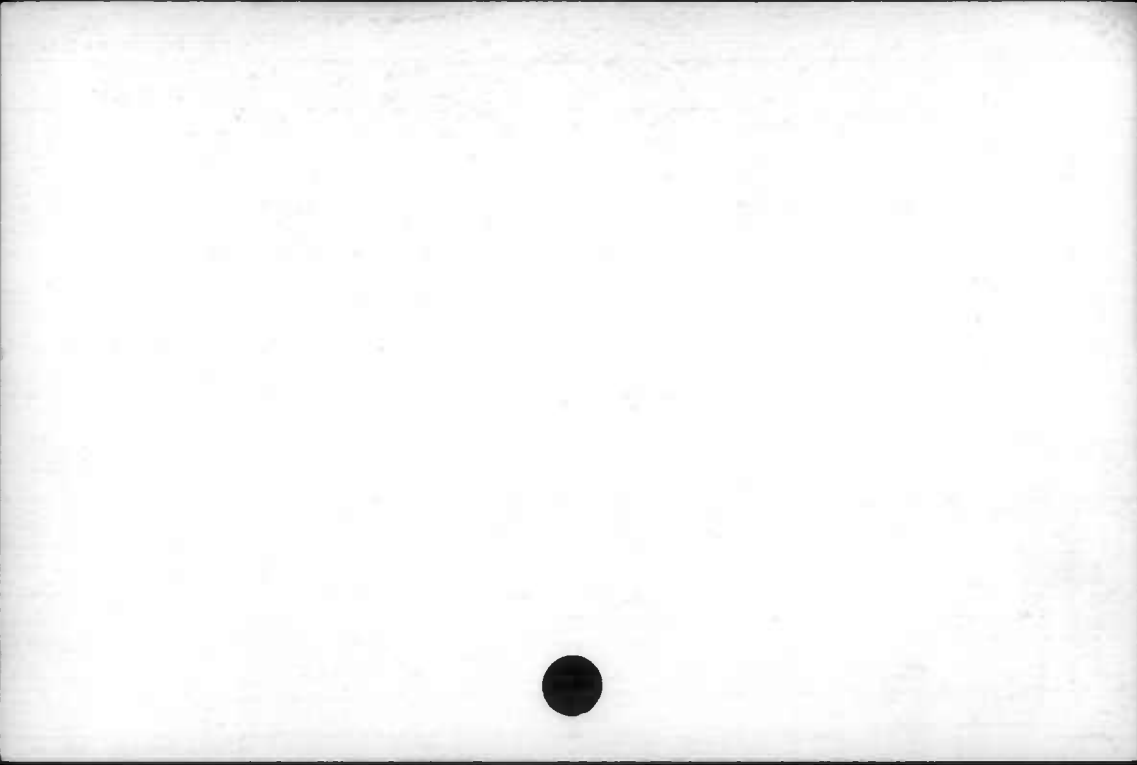
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Oct	4	Age	79		
Sex		Color or Race		Birth-place			
Male		White		Lawsonia			
Occupation				Where Residing if not at place of death			
Painter							
Married, Single or Widowed		Nema of Wife or Huaband					
Single							
Father's Name				Father's Birthplace			
Isaac Sterling				Somerset Co.			
Mother's Maiden Nama				Mother's Birthplace			
Hettie Riggins				" "			
Nema of person giving Information				How related to deceased			
J. James Sterling				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Neural Insufficiency	How long	3 years
Immediate	apoplexy	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. F. Hall	
		Address	
		Crisfield Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

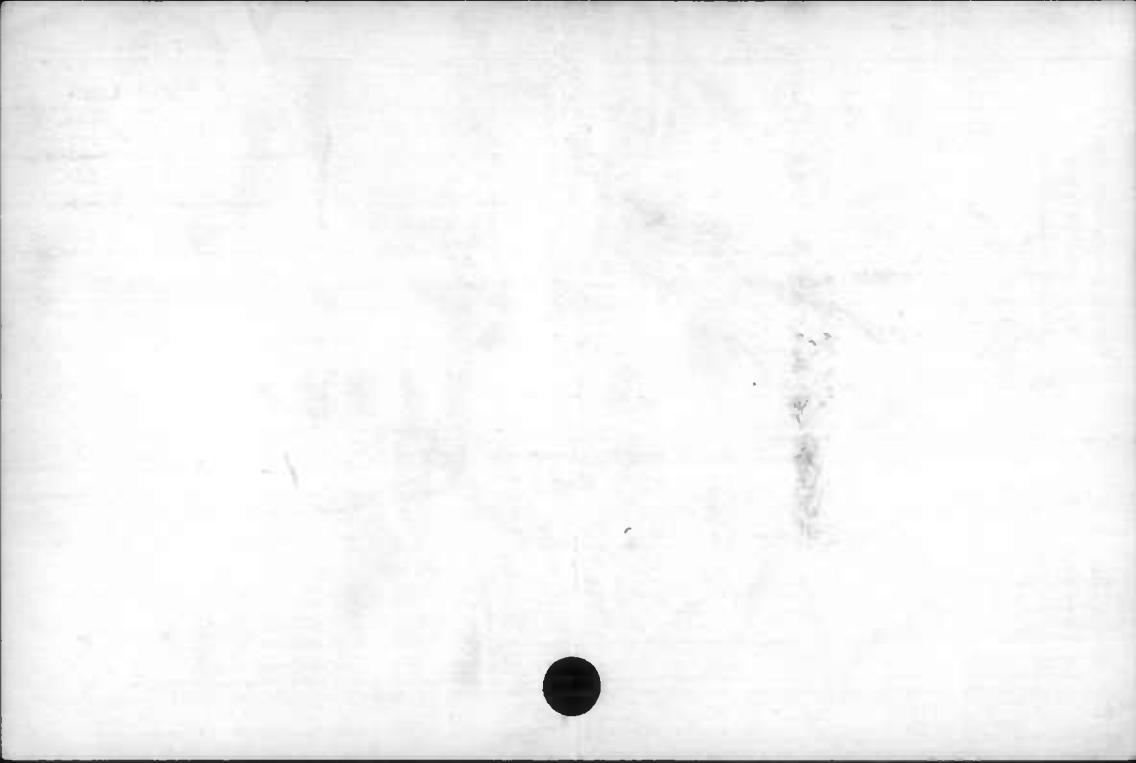
Name in Full <i>John B Thomas</i>		Town <i>Deale Island</i>		County <i>Somerset</i>		State MARYLAND	
Died at		Month <i>Oct</i>		Day <i>8</i>		Years <i>73</i>	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>8</i>		Years <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Month <i>—</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Deale Island Md</i>		Month <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Arley Thomas</i>		Month <i>—</i>		Days <i>—</i>	
Father's Name <i>Senor Thomas</i>		Father's Birthplace <i>Md</i>		Month <i>—</i>		Days <i>—</i>	
Mother's Maiden Name <i>Mary Ann Thomas</i>		Mother's Birthplace <i>Md</i>		Month <i>—</i>		Days <i>—</i>	
Name of person giving Information <i>John Thomas</i>		How related to deceased <i>Son</i>		Month <i>—</i>		Days <i>—</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>2 years</i>
Immediate <i>Dyspnoea</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. G. Alexander</i>
Filed by <i>Undertaker</i>	Address <i>Somerset</i>
Accident or Suicide	



Name
in
Full

Marcellus S Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

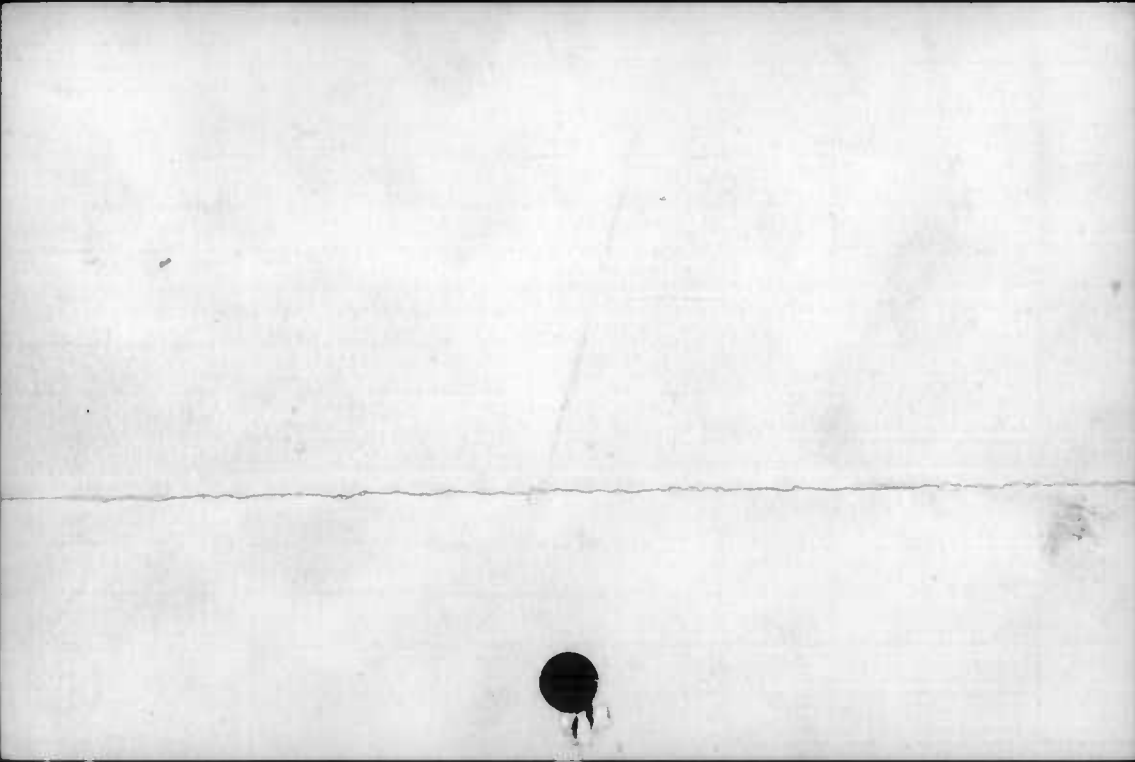
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Oct	5	59			
Sex		Color or Race		Birth-place			
male		white		Somerset Co			
Occupation				Where Residing if not at place of death			
Carpenter				Same			
Married, Single or Widowed		Name of Wife or Husband					
Married		Sadie Brownrigton					
Father's Name				Father's Birthplace			
Hampson Webster				Ind			
Mother's Maiden Name				Mother's Birthplace			
Sarah Jones				Ind			
Name of person giving information				How related to deceased			
Burdette Webster				Son			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary		How long	
Chronic Interstitial Nephritis		7 mos	
Immediate		How long	
Uremia		10 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. H. Stuyt M.D.	
		Address	
		Annapolis	
Accident or Suicide?			
no		Ind	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i> ^{Month} <i>Oct</i> ^{Day} <i>3</i>	Age	<i>72</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Anthony Waters Sr.</i>		
Father's Name	<i>George Jackson</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Susan Jackson</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Anthony Waters Jr.</i>		How related to deceased	<i>Step-son</i>	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of uterus</i>	How long	<i>10 years</i>
Immediate	<i>asthenia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Henry M. Lankford</i>
		Address	<i>Princess Anne Md.</i>
Accident or Suicide	<i>No</i>		

